



Trumbull County Medical Reserve Corps Volunteer Application

I'm a Trumbull County citizen and would like to volunteer with:

Citizen Corps-Engages all citizens in homeland security and preparedness activities.
Complete section A. and B.

Medical Reserve Corps- Professional Medical and non-medical volunteers wishing to respond to public health emergencies. **Complete section A. B. and C.**

Both - **Complete section A. B. and C.**

SECTION A.

Last Name: _____ First Name: _____ MI: _____

Date of Birth _____ Gender: M F

Home Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ E-Mail: _____

Driver's License # _____ From State of: _____ Expiration Date _____

Emergency Contact Name: _____ Phone: _____

Relationship _____

List any personal health issues that would impact your ability to volunteer: _____

Are your skills Medical or, Non-Medical ?

I will participate in a required background check and photo id. yes no

I give my permission to be photographed for publicity purposes
That may be used in a newspaper or other media routes. yes no

By signing below, I affirm that all the information provided by me is accurate and the Ohio Citizen Corps and Ohio Medical Reserve Corps may verify the information as part of the volunteer process.

Signature _____ Date _____

SECTION B. Volunteer Database Registration

Your information is maintained in a database by the Ohio Community Service Council. Upon receipt of this application, the information you shared will be entered into an account for you at the following web site: www.serveohio.org. This site is set up to allow you to keep your own information current, customize your volunteer experience and track your trainings. Your account will be set up with:

***username:** First.Last Name (ie Sharon.Black); there is a dot between the names.*

***temporary password:** will be mailed to you*

I give my permission to have my information entered into an account for me at www.serveohio.org Signature_____Date_____

PLEASE ACCESS THE WEB SITE TO FINISH ENTERING YOUR INFORMATION AND CHANGE YOUR PASSWORD.

SECTION C. Licensed Medical Personnel Information

Are you an Ohio licensed medical professional? YES NO

If yes, complete the following section to be considered for liability protection, through the State of Ohio, while volunteering with the Medical Reserve Corps during a governmentally declared emergency:

(This section is optional but required for the liability protection)

Medical Profession: _____Specialty:_____

Medical License Number: _____ Expiration Date:_____

Please Read: *By providing my information to the Ohio Citizen Corps and the Ohio Medical Reserve Corps, I recognize that I am indicating a willingness to volunteer as a licensed medical professional when assistance from the medical community is needed. I recognize that it is my responsibility to maintain an Ohio medical license in good standing, as well as to complete the required training or education prior to volunteering.*

RESPONSE IS ALWAYS VOLUNTARY.

By signing below, I affirm that all the information provided by me is accurate and the Ohio Citizen Corps and the Ohio Medical Reserve Corps may verify the information I have provided as part of the volunteering process.

Signature: _____Date:_____

PLEASE RETURN THIS APPLICATION TO:

Trumbull County Health Department
c/o MRC Coordinator
176 Chestnut Ave. NE
Warren, Ohio 44483

